JC06 Rec'd PCT/PTO 02 NOV 2005

Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: VUV-EXCITED DEVICE WITH BLUE-

EMITTING PHOSPHOR

Attorney Docket Number:: 03-2-312

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: GREGORY

Middle Name::

Family Name:: MARKING

City of Residence:: SAYRE

State or Province of Residence:: PENNSYLVANIA

Country of Residence:: U.S.A.

Street of Mailing Address:: 210 SO. PENNSYLVANIA AVENUE

City of Mailing Address:: SAYRE

State or Province of Mailing Address:: PENNSYLVANIA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 18840

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: CHUNG-NIN

Middle Name::

Family Name:: CHAU

City of Residence:: ATHENS

State or Province of Residence:: PENNSYLVANIA

Country of Residence:: U.S.A.

Street of Mailing Address:: 111 WALNUT STREET, APT. #3

City of Mailing Address:: ATHENS

State or Province of Mailing Address:: PENNSYLVANIA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 18810

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: THOMAS

Middle Name::

Family Name:: SNYDER

City of Residence:: LACEYVILLE
State or Province of Residence:: PENNSYLVANIA

Country of Residence:: U.S.A.

Street of Mailing Address:: R.R. BOX 1472

City of Mailing Address:: LACEYVILLE

State or Province of Mailing Address:: PENNSYLVANIA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 18623

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: SHELLIE

Middle Name:: K.

Family Name:: NORTHROP

City of Residence:: SAYRE

State or Province of Residence:: PENNSYLVANIA

Country of Residence:: U.S.A.

Street of Mailing Address:: LARCH ROAD, APT. 4

City of Mailing Address:: SAYRE

State or Province of Mailing Address:: PENNSYLVANIA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 18840

Applicant Authority Type:: Inventor Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: CHEN-WEN

Middle Name::

Family Name:: FAN

City of Residence:: SAYRE

State or Province of Residence:: PENNSYLVANIA

Country of Residence:: U.S.A.

Street of Mailing Address:: 214 SHARON AVENUE

City of Mailing Address:: SAYRE

State or Province of Mailing Address:: PENNSYLVANIA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 18840

Correspondence Information

Correspondence Customer Number:: 24,252

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing Massachusetts

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 24,252

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	National Stage of	PCT/US04/15079	5/13/.04
PCT/US04/15079	An application claiming the benefit under 35 USC 119(e)	60/470,635	5/15/03
PCT/US04/15079	An application claiming the benefit under 35 USC 119(e)	60/470,734	5/15/03

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::